AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authoriz	e		to deposit	my pay
automatic	ally to the account(s)	indicated below and, if neces	sary, to adjus	t or reverse a
deposit fo	r any payroll entry ma	ide to my account in error. Th	nis authorizati	on will remain
in effect u	intil I cancel it in writir	ng and in such time as to affo	ord	
		a reasonable opportu	nity to act on	it.
Primary	<u>Direct Deposit</u>			
Name on	bank account:			
Bank acco	ount number:		Checking	Savings
Bank rout	ing number:			
Amount:	\$	or entire paycheck:		
	*Balance of pay to:			
	Manual	(paper check)		
	Seconda	ary account described below		
	*Note: Split paymer	nts are not available for contr	actors.	
	SAMPLE A. SAMPLE 123 AVY STREET AVYTOWN, USA 1235 Pay to the Order of For 1:2200155861:02651:00345:04545: ROUTING CHECK # ACCOUNT #	265 S. Collars		
Seconda	r y Direct Deposit (ba	lance after direct deposit ent	ry above)	
Name on	bank account:			
Bank account number:			Checking	Savings

Bank routing number: ______

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature:	
Date:	

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.